

ABOVE & BEYOND CHILDREN'S MUSEUM

902 N. 8th Street, Sheboygan, WI 53081

Phone (920) 458-4263 • FAX (920) 458-3402

E-mail: andrew@abkids.org • www.abkids.org

...explore...discover...learn

VOLUNTEER FORM

DATE: _____

What are you most interested in doing as a volunteer?

What is your reason for volunteering at the museum?

Enjoy working with children Looking for something to do To develop marketable skills for future opportunities To receive a free membership (*must volunteer a minimum of 3 hours a week for 6 months*)

Need to complete hours for (i.e. national honors society, court ordered) _____

Do you want to be contacted with volunteer opportunities after your hours are completed? (Yes/No)

Days and times available? _____

VOLUNTEER INFORMATION

Name (include middle initial) _____ Male Female

Address _____ Date of Birth _____

City/State/Zip _____

Telephone (home) _____ (cell) _____ Best time to call? _____

Email _____ Join our E-mail list? Yes No

Native Language(s) _____ Speak Read Write

Other Language(s) _____ Speak Read Write

Some Federal Agencies require us to report the following information:

ETHNIC GROUP

1 Native American
2 Asian
3 African American

4 White
5 Hispanic

1 <12 Grade
2 H. S. Diploma

3 Some College
6 Not available

EDUCATION

4 Undergraduate Degree
5 Graduate Degree
6 Not available

Occupation (if retired, formerly) _____

PLEASE LIST TWO PERSONAL OR PROFESSIONAL REFERENCES:

Name

Relationship _____ Phone Number _____

Name

Relationship _____ Phone Number _____

AUTHORIZATION AND RELEASE

In connection with my application as a volunteer for Above & Beyond Children's Museum, I understand that a criminal record check will be performed.

I authorize, with host reservation, any law enforcement agency, institution, or information service bureau to furnish any such information.

Date of Birth _____ / _____ / _____

Social Security Number _____

Signature _____ Date _____

Any information received as a result of a record check is kept strictly confidential.

PERMISSION FOR MINOR TO VOLUNTEER

I give permission for my son/daughter, as a minor, to volunteer with Above & Beyond Children's Museum.

Parent's Signature: _____

Date: _____

for office use only:

Completed Background Check: ____/____/____ Contacted: ____/____/____ Start Date: ____/____/____

Need hours completed by: ____/____/____ Notes: